



MARKEL AMERICAN INSURANCE COMPANY

UNINSURED MOTORISTS COVERAGE ARKANSAS SELECTION/REJECTION FORM

The Arkansas Insurance Laws (Section 23-89-403 and 23-89-404), as amended, permit you to select/reject Uninsured Motorists Coverage in its entirety or to reject the Property Damage only portion of the Uninsured Motorists Coverage. Uninsured Motorists Coverage provides insurance for the protection of persons insured who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

In accordance with my state's insurance laws, I have read and understand this notice and:

- ☐ Select Uninsured Motorists Bodily Injury and Property Damage Coverage at limits equal to my Bodily Injury Liability and Property Damage Liability limits for the additional premium charged.
- ☐ Select Uninsured Motorists Bodily Injury and Property Damage Coverage but at limits Less than my Bodily Injury Liability and Property Damage Liability limits. I request the following limits of Uninsured Motorists Coverage for the additional premium charged.
- \$ _____ each person - Uninsured Motorists Bodily Injury
- \$ _____ each accident - Uninsured Motorists Bodily Injury
- \$ _____ each accident - Uninsured Motorists Property Damage
- ☐ Select Uninsured Motorists Bodily Injury at limits equal to my Bodily Injury Liability limits for the additional premium charged, but Reject the Uninsured Motorists Property Damage portion of this coverage.
- ☐ Select Uninsured Motorists Bodily Injury at limits that are Less than my Bodily Injury Liability limits, but Reject the Uninsured Motorists Property Damage portion of this coverage. I request the following limits of Uninsured Motorists Bodily Injury coverage for the additional premium charged.
- \$ _____ each person - Uninsured Motorists Bodily Injury
- \$ _____ each accident - Uninsured Motorists Bodily Injury

☒ Reject Uninsured Motorists Bodily Injury and Property Damage Coverage in their entirety.

I understand and agree that I personally have made the above selection after being made aware of my choices as described above. I understand and agree that the selection made will be applicable to the vehicles described in the policy and any substitute or replacement vehicles, as well as, all future renewals until I make a written request for a change in coverage from the above selection.

Jimmy L. Brown
Name of Insured (Print)

MMT00000266917
Policy Number

Jimmy L. Brown
Signature of Insured

7-29-14
Date

WARNING: If you: a) check more than one box; b) do not check any box; or c) fail to return this form, your policy will be endorsed with Uninsured Motorists coverage and Underinsured Motorists coverage with limits equal to your state's Financial Responsibility limits, for the additional premium charged.

You **MUST** also complete the separate selection/rejection form for Underinsured Motorists coverage. If you fail to return the selection/rejection form for either Uninsured Motorists coverage or Underinsured Motorists coverage, your policy will be endorsed as stated in the above paragraph.

REC / SCAN
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